



ERNIE FLETCHER
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MENTAL HEALTH
AND MENTAL RETARDATION SERVICES
DIVISION OF MENTAL HEALTH AND
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MARK D. BIRDWHISTELL
SECRETARY

To: Executive Directors
Facility Directors
CSP Directors
Case Management Supervisors

From: CJ Jones, CRC
Mental Health/Mental Retardation Program Administrator

Date: January 4, 2006

Subject: **Adult Case Management Certification Training (Level I)**

The Department for Mental Health and Mental Retardation Services has scheduled the **Adult Case Management Certification Level One Training**. The Adult Level One Certification Training is required for Mental Health Case Managers and Case Management Supervisors within six months of employment. Participants must attend all sessions of the training to receive certification. The training will be held at the following two locations;

<u>Location</u>	<u>Date/Time</u>
Rough River Dam State Resort Park Route 1, Box 1 Falls of Rough, Kentucky 40119 (270-257-2311) (800-325-1713)	March 8, 9, & 10, 2006 Wednesday 10:00 AM- 5:30 PM CST Thursday 8:30 AM- 5:00 PM CST Friday 8:30 AM- 2:30 PM CST
Carter Caves State Resort Park 344 Caveland Drive Olive Hill, Kentucky 41164-9032 (606-286-4411) (800-325-0059)	March 22, 23, & 24, 2006 Wednesday 10:00 AM- 5:30 PM EST Thursday 8:30 AM- 5:00 PM EST Friday 8:30 AM- 2:30 PM EST

Please distribute the attached registration form to eligible participants. You may also access registration forms and a copy of the level one case management training manual at the following website; http://mhmr.ky.gov/m/prog_01.asp.

Confirmed participants will receive a confirmation notice. **Please return registration forms to Justina Keathley at 202 Perkins, 521 Lancaster Ave., Richmond, KY 40475 as soon as possible** as the number of participants for this training is limited.

If you have questions, please call **CJ Jones at 502-564-4456**.

Cc: Donna Hillman
Lisa Rice
Phyllis Parker

REGISTRATION FORM

Adult Case Management Certification (Level I) Training Rough River Dam State Park – March 8, 9 & 10, 2006

To register for the training, complete the following information:

Name: _____

Check One: ____ Case Manager ____ Supervisor ____ Other (specify) _____

Community Mental Health Center: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Daytime Telephone #(____) _____

Please indicate special accommodation/alternative format needs for the training session
(Accommodation needs should be communicated to the lodge when making your reservation):



Return the above form by February 10, 2006 to:

Justina Keathley
202 Perkins
521 Lancaster Ave.
Richmond, Kentucky 40475
Fax: 859-622-3084

The number of participants is limited. Confirmed participants will receive a confirmation notice from DMHMRS. **Please bring documentation to verify your college degree.** State Policies and Procedures require specific educational and/or experience qualifications to provide case management services as defined in 907 KAR 1:515 and 908 KAR 2:060 (verification of degree such as copies of diplomas or transcripts are acceptable). If you have questions, contact CJ Jones at (502/564-4456).

Participants are responsible for making their own room reservations. Lodging reservations at Rough River Dam State Park, **(800) 325-1713**, must be made by **Tuesday, February 14, 2006**. We have reserved a block of rooms that are available first come first serve. Be sure to tell the person taking your reservation that you are with the Division of Mental Health and if you need special accommodations.

Attire: Casual (Jeans or other comfortable clothes). **Be sure to bring a sweater or jacket because the temperature in the training rooms varies.** Session times: Wednesday--from 10:00 AM to 5:30 PM, Thursday--from 8:30 AM to 5:00 PM, Friday— from 8:30 AM to 2:30 PM. **ALL TIMES ARE CENTRAL STANDARD TIME. You must be in attendance at all times to obtain certification.**

REGISTRATION FORM

Adult Case Management Certification (Level I) Training Carter Caves State Resort Park – March 22, 23 & 24, 2006

To register for the training, complete the following information:

Name: _____

Check One: ____ Case Manager ____ Supervisor ____ Other (specify) _____

Community Mental Health Center: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Daytime Telephone #(____) _____

Please indicate special accommodation/alternative format needs for the training session
(Accommodation needs should be communicated to the lodge when making your reservation):



Return the above form by February 24, 2005 to:

Justina Keathley
202 Perkins
521 Lancaster Ave.
Richmond, Kentucky 40475
Fax: 859-622-3084

The number of participants is limited. Confirmed participants will receive a confirmation notice from DMHMRS. **Please bring documentation to verify your college degree.** State Policies and Procedures require specific educational and/or experience qualifications to provide case management services as defined in 907 KAR 1:515 and 908 KAR 2:060 (verification of degree such as copies of diplomas or transcripts are acceptable). If you have questions, contact CJ Jones at (502/564-4456).

Participants are responsible for making their own room reservations. Lodging reservations at Carter Caves State Resort Park, **(800) 325-0059**, must be made by **Tuesday, March 07, 2006**. We have reserved a block of rooms that are available first come first serve. Be sure to tell the person taking your reservation that you are with the Division of Mental Health and if you need special accommodations.

Attire: Casual (Jeans or other comfortable clothes). Be sure to bring a sweater or jacket because the temperature in the training rooms varies. Session times: Wednesday--from 10:00 AM to 5:30 PM, Thursday--from 8:30 AM to 5:00 PM, Friday—from 8:30 AM to 2:30 PM. **ALL TIMES ARE EASTERN STANDARD TIME. You must be in attendance at all times to obtain certification.**